DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No: PHGB 020196 US

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

STATE MACHINE MODELLING

the specification of which (check one)

is attached heret	0							
was filed as App	olication Serial No:	an	d was amended on			•••••	(if applicable)	
hereby state that I have reabove.	viewed and underst	and the contents of	the above-identified	specification, includin	g the claims, as	amended by a	ny amendment referred to	
acknowledge the duty to d	isclose information	which is material to	the examination of	this application in acco	rdance with Tit	le 37, Code of I	Federal Regulations, §1.56	
hereby claim foreign prior also identified below any fo	ity benefits under T reign application fo	itle 35, United State r patent or inventor's	s Code, §119 of an certificate having a	y foreign application(s) i filing date before that of	for patent or in	ventor's certific	cate listed below and have ority is claimed.	
COLINE				PPLICATION(S)		·		
COUNTR		APPLICATIO	IN NUMBER	DATE OF FI (day, month,		Claimed	PRIORITY Under 35 U.S.C. 119	
GREAT BRITAIN		0226805.0		16-11-2002		Yes X	No	
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acknowledge the duty to disapplication and the national	or PCT internationa	al filing date of this a	pplication. ITED STATE	S APPLICATION	N(S)		ANDONED)	
AT LICATION SER	ALTORIBER	FILING	DATE	STATUS	raienied,	ENDING, AE	SANDUNED)	
				DIRECT TELEPHONE CALLS TO: (Name and telephone number) (914) 945-6000				
Dated:			Ti . a					
17 oct	ober 2003		Inventor's Sign		-komason			
FULL NAME OF INVENTOR:	Last name THOM	ASON	First Name:	Graham-	Middl	e Name: G.		
RESIDENCE & CITIZENSHIP	City REDHIL	L	State or Foreig Great Br			ry of Citizenship: EAT BRITAL	N	
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Dated:		_	Inventor's Sign	nature:				
FULL NAME OF INVENTOR:	Last name		First Name:	rst Name: Middle			Name:	
RESIDENCE & CITIZENSHIP	P City		State or Foreig	n Country:	Country of Citizenship:			
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POST OFFICE ADDRESS	Street & No:		City:		State	or Country:	Zip Code:	
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